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## **AHCCCS Fee-For-Service Effective January 1, 2004**

Following is important information regarding changes to the AHCCCS Fee-For-Service pharmacy program administered by RxAmerica.

### **FORMULARY ADDITIONS:**

<b>OTC Prilosec</b>	<b>Added as first line PPI therapy option.</b>
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### **FORMULARY DELETIONS/LIMITATIONS:**

<b>Prilosec (Rx) Omeprazole (generic)</b>	<b>Preferred product is OTC Prilosec.</b>
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<b>PhosLo Capsule</b>	<b>Capsule dosage form no longer available. Patients must utilize tablet form.</b>
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<b>Viagra</b>	<b>Limited to 6 tablets per month.</b>
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<b>Triptans</b>	<b>Quantity limits enforced as 2 packages per month.</b>
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<b>Narcotic/acetaminophen combination analgesics</b>	<b>All products limited to a maximum of 4 grams acetaminophen per day.</b>
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### **STEP THERAPY/PRIOR AUTHORIZATION:**

<b>Leukotrine Inhibitors (Singulair and Accolate)</b>	<b>Restricted to Asthma use. Prior authorization required for allergic rhinitis only after trial and failure of standard therapy.</b>
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<b>Renagel</b>	<b>Restricted to use in hemodialysis patients who have increased corrected serum calcium levels with trial and failure of traditional agents for use in hyperphosphatemia.</b>
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<b>Remicade</b>	<b>Restricted for use in RA and severe Crohn's disease after trial of conventional therapies.</b>
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**Proton Pump Inhibitors  
(Nexium, Protonix, Aciphex)**

**Prior Authorization Required. Patient must have tried OTC Prilosec as first line therapy option.**

**Statins**

**Use Lovastatin, Lescol 80mg XL, Lipitor 10mg and Altacor first line. All other Statin products require prior authorization with documented need for increased cholesterol lowering.**

**Antiemetics**

**All 5HT3 antagonists restricted to 6 tablets per Rx based on National Guidelines.**

**Angiotensin Receptor Blockers**

**Prior Authorization Required on all ARBs. Restricted to use in patients who cannot tolerate at least 2 different ACE Inhibitors due to cough.**

**SSRI's**

**Generic agents (Fluoxetine or Paroxetine) are required first line therapy option for new SSRI utilizers. Patients who have currently stabilized on an antidepressant (not Generic) will remain on alternate therapy option.**

**Tretinoin/Retin-A**

**Prior Authorization required for patients over age 24 and restricted for use in acne after other agents have tried and failed.**